

ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

PHONE (415) 673-8500

FAX (415) 749-1321

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

This form **must** be signed by the member, pensioner or survivor pensioner or by his/her authorized representative. If this form is signed by an authorized representative, documentation acceptable to the Trustees must be on file with the Benefit Plans Office or must accompany this form. This form will be used to update your address with the ILWU-PMA Benefit Plans Office and your Health Plan carriers.

CHANGE OF ADDRESS FORM

PLEASE PRINT CLEARLY

REG NO: _____

LOCAL: _____

ACTIVE

PENSIONER

OTHER

NAME: _____

EFFECTIVE DATE OF CHANGE: _____

MAILING ADDRESS			
STREET		APT	
CITY	STATE	ZIP	COUNTRY

CONTACT INFORMATION	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	

RESIDENCE ADDRESS (If different than above)			
STREET		APT	
CITY	STATE	ZIP	COUNTRY

TEMPORARY ALTERNATE ADDRESS/SNOWBIRD ADDRESS			
STREET		APT	
CITY	STATE	ZIP	COUNTRY
START DATE (MM/YYYY) through			Recurring
END DATE (MM/YYYY)		Y/N	

EMERGENCY CONTACT: _____

NAME

PHONE

OR

MEMBER'S SIGNATURE

DATE

SIGNATURE OF MEMBER'S AUTHORIZED REPRESENTATIVE

DATE

FOR PENSIONERS: IF YOU WISH TO HAVE YOUR MONTHLY PENSION CHECK ELECTRONICALLY DEPOSITED TO YOUR FINANCIAL INSTITUTION, PLEASE CONTACT YOUR LOCAL OR THE PLAN OFFICE FOR AN ELECTRONIC FUND TRANSFER AUTHORIZATION FORM.

RETURN FORM TO:

ILWU-PMA BENEFIT PLANS
1188 FRANKLIN STREET, SUITE 101
SAN FRANCISCO, CA 94109

FAX:

(415) 749-1400

or (415) 749-1321

EMAIL:

pension@benefitplans.org